

## **STATE OF DELAWARE**

### **FY 2014 GRANT-IN-AID APPLICATION INSTRUCTIONS**

**Funding Requests Are Due No Later Than 4:30 p.m., Thursday, November 1, 2012.**

Office of the Controller General  
Legislative Hall – D580A  
P.O. Box 1401  
Dover, Delaware 19903

**OR**

Office of the Controller General  
Legislative Hall  
411 Legislative Avenue  
Dover, Delaware 19901

Applications can be downloaded from the Internet

“thirty” is the password

To save the document to your computer from the website you must do the following:

- ◆ Go the <http://legis.delaware.gov/GIA>
- ◆ Click on the Grant-In-Aid Application link;
- ◆ Right-click on the Word document (FY14 GIA Application.doc);
- ◆ Left click on Save As or Save Target As;
- ◆ Select where to save the file.

**For technical assistance for downloading document please call the  
LIS Helpline at 302-744-4260.**

**FUNDING REQUESTS ARE DUE ON OR BEFORE TUESDAY  
NOVEMBER 1, 2012.**

This funding request format has been designed to provide for a tightly focused and informative presentation of the agency's request for funds based on a clear statement of the agency's purpose (or goals and objectives); a concise description, the financing requirements, and anticipated accomplishments for each of the programs or services being offered to meet these purposes; and the resulting total agency projections of income and expenses.

PLEASE READ ALL THE MATERIAL CAREFULLY BEFORE PREPARING THE REQUEST.

Additional supplemental material may be requested by the Grant-in-Aid Committee.

We are requesting that each agency provide the **original** and **one copy** of the funding request **and one copy of your most recent audit and the audit's management letter.**

**DO NOT SUBMIT TAX FORMS.**

Please number each page and indicate agency name on each page. Please do not staple your application.

GENERAL DIRECTIONS

1. Fiscal Year - Your budget request from the State of Delaware is for the period July 1, 2013 through June 30, 2014.

Information involving audited data or historical financial data will be based on your agency's fiscal year. The information for prior year would be taken from your agency's audit.

PLEASE NOTE:

Agencies using fiscal years should apply the following:

Prior Year -	FY 2012
Current Year -	FY 2013
Proposed Year -	FY 2014

Agencies using calendar years should apply the following:

Prior Year -	2011
Current Year -	2012
Proposed Year -	2013

2. Rounding Figures - All figures should be rounded to the nearest dollar.
3. Labeling - Please type the agency name clearly on each form as the forms may be separated during processing.
4. COMPLETE ENTIRE APPLICATION - ANSWER ALL QUESTIONS; EXPLAIN WHY A PARTICULAR QUESTION MAY NOT APPLY TO YOUR AGENCY.
5. Forward completed application by November 1, 2012, to:

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Legislative Hall – D580A  
P.O. Box 1401  
Dover, Delaware 19903

**OR**

Office of the Controller General  
Legislative Hall  
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Dover, Delaware 19901

### GUIDELINES FOR FY 2014 GRANTS-IN-AID

- A. No funds will be appropriated for Child Day Care.
- B. No funds will be appropriated for the purpose of relocation, purchasing buildings or rehabilitation or renovation of buildings.
- C. In order for an agency to be considered for a Grant-In-Aid for FY 2014, the agency must:
  - 1. Be incorporated, non-profit (or under umbrella of parent organization which is incorporated, non-profit). Your organization must be incorporated and in operation for at least two years prior to July 1, 2012.
  - 2. Have By-laws that clearly state the purpose of the Corporation and include definition of duties of Board of Directors.
  - 3. Have an active, community-represented, volunteer Board of Directors that sets policies, goals and objectives, and maintains minutes of regularly scheduled meetings and any special meetings. Have programs that are unduplicated, and satisfy unmet human needs of the community.
  - 4. Have personnel policies, including job descriptions and classifications.
  - 5. No agency shall use Grant in Aid funding to pay any part of an elected official's salary.
  - 6. Have competent executives, competent staffing and reasonable facilities.
  - 7. Practice non-discrimination.
  - 8. Have accounting (budget) procedures and an annual audit.
  - 9. Use funds in accordance with the application.
  - 10. Demonstrate community support.
  - 11. Request funds only for a program which does not receive full funding from other sources of revenue.

### **Instructions: Form 1**

#### **MANAGEMENT ORGANIZATION**

- Official Name: Indicate legal name of organization on Incorporation Certificate or other legal documents. Please list any additional names your organization uses-if a trade name or other operating name is used.
- Address of Management Office: Where should correspondence and checks, etc., be forwarded? **If you use a P.O. Box, please include your street address.**
- Physical Address This is to be provided in case a site visit by a member of the General Assembly or their staff is required.
- Contact Representative: List name, address, daytime phone number and e-mail address of the individual who would best be able to provide any additional information that may be requested.
- Indicate: Names of Directors and Officers.

### **Instructions: Form 2**

#### **AGENCY BACKGROUND**

Please provide the agency background in a concise narrative as follows:

1. Agency mission statement;
2. **Agency location(s), days and hours of operation.**

**Instructions: Form 3**

REVENUE

This form requests the total revenue for your agency.

Note that the categories are by sources of revenue as follows:

- Federal Government
- State Government
- Investment
- Sale of Materials
- Dues
- Contributions
- Miscellaneous
- Other

Also, Federal Government and State Government require further breakdowns as shown on the form. Be sure to include details on all sources for Federal and State Government revenues.

The total of all revenue should be shown on the Total Revenue Line.

Note that the GIA received for the prior and current fiscal years is requested. However, for the proposed year, Grant in Aid under State Government is blanked out. The GIA for the proposed fiscal year is to be reflected on Form 6, Line 6.

**Instructions: Form 4**

**DISBURSEMENTS**

This form is used to report all disbursements by your agency by category of disbursements.

The top portion of the page is used to report operating expenses of your agency. Total expenses should be shown on Line 28.

The lower portion is used to report non-expense disbursements by various categories. Total non-expense disbursements should be reported on Line 40.

Total Expenses and the Total Non-Expense Disbursements should be reported on the Total Disbursement line at the bottom of the form.

**Instructions: Form 5**

**COMMUNITY REDEVELOPMENT AND TOBACCO SETTLEMENT FUNDING**

This form requests a reporting of all funding your agency has received through the Community Redevelopment Fund (5A) and/or the Tobacco Settlement (5B).

List the project name, fiscal year in which the award was made, and the amount.

## **Instructions: Form 6**

### **SUMMARY**

This report consolidates the revenue (Form 3) and disbursements (Form 4).

- Line 1      Total revenue from Form 3.
- Line 2      Total disbursements from Form 4.
- Line 3      Operating surplus/deficit - difference between Line 1 and Line 2.
- Line 4      Carryover - This line should reflect for the previous year's column the available balance from the beginning of the year.
- For the current year's balance, this line should reflect the amount on Line 5 for the previous year.
- For the proposed year, this line should reflect the amount on Line 5 for the current year.
- Line 5      Net surplus/deficit - combine Lines 3 and 4.
- Line 6      Grant-in-Aid Request. Please show awards for the previous year and current year in the first two columns. The amount of the Grant-in-Aid your agency is requesting should be reflected on this line for the proposed year.
- If you are using more than one Form 7, the total of all these forms (Form 7, Line 12) should total Form 6, Line 6.
- Line 7      **The total of all your programs (Line 7) should equal your Proposed Year Grant-in-Aid Request (Line 6).**



**Instructions: Form 7**

**PROGRAM INFORMATION**

**Note: One page is required for each program.**

- Line 1      Program Name & Target Population: indicate name of program and who the service is targeting. How do you make the target population aware of the service?
- Line 2      Program Description - indicate the activities associated with this program.
- Line 3      Which other community agencies provide this or similar services? Indicate what other community agencies are providing similar services.
- Line 4      How will the program obtain its objective & how will the outcomes be measured? Describe how these activities will address the program description and how you will measure your success.
- Line 5      What progress has been made in the past year to achieve program objectives? How successful were you in the last year in meeting program objectives?
- Line 6      Number of people served.
- Line 7      Service measure - what measurable means are there to reflect the service provided.
- Example: Hours of training provided, nights of shelter provided.
- Line 8      Amount of service provided - this should reflect the total number of people served by the measure selected.
- Example: If ten people (the same people or different people) were trained for five hours per day, 250 days per year, the amount of service would be 12,500 hours of training.
- Line 9      Program revenue.
- Line 10     Program disbursements
- Line 11     Difference between Lines 9 and 10.
- Line 12     Program Grant-in-Aid - Proposed year should reflect that portion of Form 6, Line 6 that applies to this program.

**Instructions: Form 8**

**SCHEDULE OF POSITIONS & SALARIES**

Please list all positions filled by your agency, the number of employees in each position, and the salary and salary range of each position.

**Instructions: Form 9**

**LETTER OF BOARD APPROVAL**

Indicate that your agency meets the provisions of the six conditions and the date that the application was approved by the Board of Directors of your agency.

**FINANCIAL STATEMENT – Form 10**

A copy of an audit along with the management letter or a compilation statement, by a Certified Public Accountant or independent Public Accountant, is requested. If this is unavailable, please complete the Sample Forms (A-B-C) in order to comply with the request for an audit.

The audit and the management letter or compilation statement should be for the fiscal year most recently completed.

**DO NOT SEND TAX FORMS IN PLACE OF AN AUDIT OR FINANCIAL STATEMENTS.**